

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER 01-11	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2001	

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT a. FFY 01 \$ 2,041,000 b. FFY 02 \$ 3,360,900
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 16 E and 16 F Attachment 3.1-B Page 16 E and 16 F	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 16 E and 16 F Attachment 3.1-B Page 16 E and 16 F

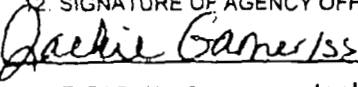
10. SUBJECT OF AMENDMENT:


Developmental Rehabilitative Therapy

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: ILLINOIS DEPARTMENT OF PUBLIC AID 201 SOUTH GRAND AVENUE, EAST SPRINGFIELD, IL. 62763-0001 ATTENTION: John Rupcich
13. TYPED NAME Jackie Garner	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 3/30/01	18. DATE APPROVED: May 14, 2001
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/01	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Cheryl Harris	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS:	

Appendix to Attachment 3.1-A
Page 16(E)

State ILLINOIS

- 6) Psychological, Counseling and Social Work: These services mean diagnostic or active treatments with the intent to reasonably improve the individual's physical or mental condition. They are provided to individuals whose condition or functioning can be expected to improve with these interventions. These services are performed by a licensed physician or psychiatrist; or other licensed or equivalent psychological, counseling and social work staff acting within their scope of practice. These services include but are not limited to testing and evaluation that appraise cognitive, emotional and social functioning and self concept; therapy and treatment that is planning, managing, and providing a program of psychological services to individuals with diagnosed psychological problems; and unscheduled activities for the purpose of resolving an immediate crisis situation.
- 7) Developmental Testing: These services mean testing performed to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental lags. These services are performed by or under the supervision of a licensed physician or other provider acting within their scope of practice.
- =10/96 8) Optometric services: These services include evaluation and assessment of visual functioning including the diagnosis and appraisal of specific disorder, delay and abilities. It includes the dispensing of eyeglasses and other optical materials. These services are performed by an licensed optometrist.

01/01

- 9) Developmental Rehabilitative Therapy - means treatment provided, through the Early Intervention Program, to a child identified as having a developmental delay of not less than 30% in order to promote normal development by correcting deficits in the child's cognitive, social or emotional, adaptive, communication, psychomotor development or physical functioning, including visual and hearing. These treatments are recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law for maximum reduction of physical or mental disability and restoration to the child's best possible functional level. Deficits are revealed through comprehensive screening, examination and evaluation. Developmental rehabilitative therapy is the provision of direct hands-on treatment with the child in accordance with the individualized family services plan (IFSP) to ameliorate deficits; provision of instruction to parents and to caregivers in assisting them in maintaining a daily therapeutic regimen related to regaining the child's progress. Children diagnosed as mentally retarded or developmentally disabled may receive this service only through an approved waiver.

Developmental Rehabilitative Therapy is provided by professionals who are credentialed by the Department of Human Services as a Part C EI Service System Developmental Therapists. Medicaid reimburses on an hourly basis determined in accordance with the methods described in Attachment 4.19-B, pages 42 and 43.

TN No. 01-11
Supersedes
TN No. 96-15

Approval Date MAY 14 2001

Effective Date 01/01/01

Appendix to Attachment 3.1-A
Page 16(F)State ILLINOIS

C. Frequency, Duration and Scope

Special rehabilitation services, as medically necessary services subject to the limitations of the State plan, are provided to assist eligible individuals in the identification of their illnesses or disabilities regarding their capacity to function.

IDPA has the responsibility to monitor the operation of the programs and services covered by Medicaid including provider certification. Ongoing certification of providers includes the following elements:

- 1) monitoring of providers' staff qualifications and validating providers' listing of staff providing special rehabilitation services;
- 2) performance of site survey(s) to verify the ability of an agency to be a qualified provider;
- 3) monitoring of providers to ensure that special rehabilitation services are appropriate, effective and delivered in a cost effective manner consistent with the reduction of physical or mental disabilities; and
- 4) policies and procedures to address provider noncompliance with applicable Federal and State laws and regulations and policies of the Illinois Medical Assistance Program.

14b. SKILLED NURSING FACILITY SERVICES FOR INDIVIDUALS AGE 65 OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES

Preadmission screening is required.

TN No. 01-11 Approval Date MAY 14 2001 Effective Date 01-01-01

Supersedes

TN No. 96-10

Appendix to Attachment 3.1-B
Page 16(E)

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